



Be an organ and
tissue donor.
Enroll in the
New York State
Organ and Tissue
Donor Registry.

Enrollment Form

To register, please complete and mail this enrollment form to:

**New York State Organ and Tissue Donor Registry
New York State Department of Health
433 River Street
Hedley Park Place, 6th Floor
Troy, NY 12180**

Please Print

Date: ____ / ____ / ____

9-digit Motor Vehicle license or
non-driver license ID number: _____

Last Name: _____

First Name: _____ MI: _____

Date of Birth: ____ / ____ / ____

Sex: ____ Male ____ Female

Height: ____ feet ____ inches

Eye Color: _____

Address: _____

City: _____ State: _____

Zip: _____

I wish to be listed in the New York State Organ and Tissue Donor Registry maintained by the State Department of Health to record my intent to donate my organs and tissues in the event of my death. I authorize the State Department of Health to share this information with federally regulated organ procurement organizations and New York State-licensed tissue banks and hospitals at the time of my death.

Signature